

CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036 Client N		Location	- •	25	weg	(0	st.	His)ate -	3/2	8/	8									
Facility Detex Clock Weapon No.		olster	Nightsh	č* —	Raise	oat I	lashlight		Other	sk	57	TAVE	2/1	ree	25		lhs.	≻(∈	>		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer-	OT C	(Name) Ho Fell			K a	Officer- Shift Began		hift (Name)	Del Veccho		Officer Shift	+C	hift (Name)	To Cheviette						
Observations or actions taken	Began Yes	No	D CM		planation	/ ANT-PM	Began Yes	No	7 AN			126	began	T No	120	PΜ	Ended		ANDM		
Rounds or stations missed	165	~		EX	Mariation		165	140	······································	:EX	planation		Yes	No			Explanation	<u>·</u>			
Unlocked doors, gates or windows		V	-				<u> </u>					·····									
Unlocked vaults or safes		V																			
Fire-smoke-or hazards		V	•					2				· · · · · · · · · · · · · · · · · · ·		-							
Extinguishers missing or defective		V			· · · · · · · ·	ari		-	,			• •		10/							
2. Sprinkler system defective		V												2							
3. Fire doors or exits blocked		V												W							
4. Rubbish accumulation		V												س							
5. Motors running		1												2							
6. Lights left burning		1	•				1	†	AS	100	WI	ed	V		AS		Reg	٠.			
Injury hazards		V						U						9							
Visitors		0						1						1							
Trespassing .		4				<u>.</u>		سا						1							
Violation of company rules		س												سرا							
Remarks																					
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IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																					
1. Were you injured during this tour?			Day Shift Yes	1 v	es No	2. Yes	No	3. Swing Yes	Shift	1. Yes	No	2 Yes	ilo Ye	rave Shift es) ' Y	*		Yes	No '		
2. Did you suffer any illness?			Yes	(a) v	es No	Yes	No	Yes	(N)	Yes	No	Yes			(S) V	es	No The state of th	Yes	No		
3. Have you reported all accidents coming to your attention?			res h	10 Y	es No	Yes	No	@	No	Yes	No A	Yes			10 Y	es .	No No	Yes	No		
Signatures			tray Shift Swing 1						West of elvator					Grave Shift Shough Chusetto							
		Signatures	2.			4		2					2				40005		·		
Signatures				3. 3							3					3 439072					

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.

Date of Report 3



CENTRON SECURITY SERVICES, INC.

time of Report Client; O.H. Metals INC. Address: 2036 Oswego ST Location of Incident RaileoAd FRAcks on side of RT. 12 -Incident calhed = Juspicious Looking teenager Date occurred Time occurred PΜ Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, &HOW??? - 0130 I heard Noises outside the trailer. I went outside and witnessed A FRENAGE BOY CARRYING two Bicycles. WHEN ARRIVED At end of FRACKS he diffed onto the other appearently boping to ALERY Little Suspicion. I a Abled U.P.O. And informed. them of the situation. I felt that considering the time , Location, And manner in which He was acting it was proper to notify the PROPER Authoritains. BOY - APR. 5 9 MAIR BR. Weight 1815/65 WHITE CUAT - dARK PANTS Departed EAST ACROSS RT 12 ONTO OSWEGO ST ich the with Rank Page___